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APPLICANTS

H. Thomas Graef, Bolivar, OH;
Kenneth C. Kontor, Chesterland, OH;
Michael Harty, North Canton, OH; Brian Jones, Navarre, OH;

** CONTINUING DATA *****

This appln claims benefit of 60/453,146 03/10/2003 Yes L.N.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED

** 05/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>L.N.</i> Examiner's Signature	Initials	15	17	1

ADDRESS

28995
RALPH E. JOCKE
walker & jocke LPA
231 SOUTH BROADWAY
MEDINA, OH 44256

TITLE

Cash dispensing automated banking machine and method

<input type="checkbox"/> EIN/INC ETC	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees / Processing Fee
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